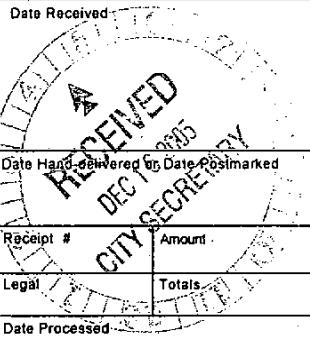


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: 26		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received: 	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked Receipt # _____ Amount _____ Legal _____ Totals _____ Date Processed _____ Date Imaged _____	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month 10 / Day 25 / Year 03	THROUGH	Month 11 / Day 26 / Year 03	

6 EXPLANATION OF CORRECTION

See attached.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

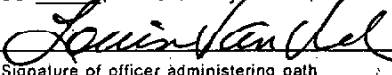
☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

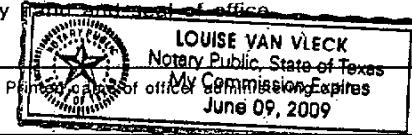

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by William H. White this the 15 day of December

20 05 to certify which, witness my hand and seal of office


Signature of officer administering oath



Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

EXPLANATION OF CORRECTION FOR 2003 RUNOFF REPORT

We are supplementing Schedule A and Schedule F to provide full names and addresses for six contributors and three payees. Each of these contributions and expenditures were reported on the original report. However, as a result of a computer database error, full names or addresses were inadvertently omitted for each of them in the original report.

We are also supplementing Schedule F to provide additional information regarding political expenditures that were incurred by individuals who purchased goods or services with their own personal funds for the use of the campaign and were reimbursed by the campaign for those expenses. The payee on such expenses was originally reported as the individual actually incurring the expense, and the Purpose of Payment stated the good or service for which the person was obtaining reimbursement. The date of the expense originally reported was the date the campaign reimbursed the individual incurring the expense. We are supplementing Schedule F to state the name and address of the person or entity from whom the originally reported payee purchased the goods or services. The originally reported payee is now identified in the Purpose of Payment section, which continues to describe the payment as a reimbursement. Where our records establish that the individual purchasing goods or services for the campaign incurred the expense on a date prior to reimbursement, the date of expenditure has been changed from the date of reimbursement to the date the individual incurred the expense.

In some circumstances, individuals received reimbursement during this reporting period for expenses they incurred in a prior reporting period. We are contemporaneously filing corrections affidavits for the reports applicable to these prior reporting periods supplementing Schedule F of each report to provide the additional information discussed above regarding expenses the individual incurred during the prior reporting period, but for which the campaign did not reimburse the individual until this reporting period.

Similarly, in some circumstances, individuals incurred expenses during this reporting period but did not receive reimbursement from the campaign for those expenses until the reporting period covered by the January 15, 2004 report (November 27, 2003 through December 31, 2003). In those instances, we are supplementing Schedule F of this report to provide the additional information described above regarding the expenses the individual incurred for the benefit of the campaign during this reporting period, but for which the individual did not obtain reimbursement until the reporting period covered by the January 15, 2004 report.

The reimbursements that the campaign provided to individuals for expenses incurred during this reporting period for the benefit of the campaign include reimbursements totaling \$1282.26 for expenses as to which the total amount paid by or for the benefit of the campaign to the payee during the reporting period is less than \$50. Accordingly, Total Expenditures of \$50 or Less increase from \$0 to \$1282.26.

Based on the foregoing, Total Expenditures for this reporting period decrease from \$2,541,950.45 to \$2,534,457.01.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ Frank	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77081			
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 11/13/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Weekley	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil Massey	Amount of contribution (\$) \$425.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/26/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Lenz	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 11/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce and Jan Smith	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77041			
Principal occupation / Job title (See instructions)		Employer (See instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/14/03

5 Full name of contributor

Fidui Sabin

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

5406 Fairview

Houston, TX 77056

7 Amount of
contribution (\$)

\$1,000.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/14/03

5 Payee name

Walgreens

7 Amount
(\$)

\$31.69

6 Payee address; City; State; Zip Code

1919 W. Gray

Houston, TX 77019

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse C. Patrick McIlvain for office supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/03/03

Payee name

Walgreens

Amount
(\$)

\$11.90

Payee address; City; State; Zip Code

1919 W. Gray

Houston, TX 77019

Purpose of payment (See instructions regarding type of information required.)

Reimburse C. Patrick McIlvain for office supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/16/03

Payee name

Walgreens

Amount
(\$)

\$20.99

Payee address; City; State; Zip Code

1919 W. Gray

Houston, TX 77019

Purpose of payment (See instructions regarding type of information required.)

Reimburse C. Patrick McIlvain for office supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/17/03

Payee name

Walgreens

Amount
(\$)

\$24.01

Payee address; City; State; Zip Code

1919 W. Gray

Houston, TX 77019

Purpose of payment (See instructions regarding type of information required.)

Reimburse C. Patrick McIlvain for office supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/03	5 Payee name Intercontinental Hotel <hr/> 6 Payee address; City; State; Zip Code 2222 W. Loop, S. Houston, TX 77027	7 Amount (\$) \$3,494.64	
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Darcy Mackey for event costs – food, beverages, etc.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/18/03	Payee name Sam's Club <hr/> Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	Amount (\$) \$286.04	
Purpose of payment (See instructions regarding type of information required.) Reimburse Sharon Haley for drinks and paper.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/11/03	Payee name Blue-Cross/Blue-Shield <hr/> Payee address; City; State; Zip Code 901 S. Central Expressway Richardson, TX 75080	Amount (\$) \$322.00	
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/14/03	Payee name Domino's Pizza <hr/> Payee address; City; State; Zip Code 7356 Antoine Houston, TX 77088	Amount (\$) \$100.00	
Purpose of payment (See instructions regarding type of information required.) Reimburse Louise Van Vleck for food for staff.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/12/03	5 Payee name Baker Hughes 6 Payee address; City; State; Zip Code P.O. Box 4740 Houston, TX 77010	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Louis Van Vleck for health insurance.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/18/03	Payee name United Healthcare Payee address; City; State; Zip Code 1333 W. Loop, S. Houston, TX 77027	Amount (\$) \$301.10	
Purpose of payment (See instructions regarding type of information required.) Reimburse Christine Gorman for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/11/03	Payee name Blue-Cross/Blue-Shield Payee address; City; State; Zip Code 901 S. Central Expressway Richardson, TX 75080	Amount (\$) \$161.00	
Purpose of payment (See instructions regarding type of information required.) Reimburse Richard Lapin for health insurance.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/12/03	Payee name Sprint PCS Payee address; City; State; Zip Code P.O. Box 219554 Kansas City, MO 64121	Amount (\$) \$246.34	
Purpose of payment (See instructions regarding type of information required.) Reimburse Christina Cabral for cell phone expense.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/21/03

5 Payee name

Maria Soledad

7

Amount

(\$)

\$500.00

6 Payee address; City; State; Zip Code

7319 Raton
Houston, TX 77055

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Romelia Garza for entertainment.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/07/03

Payee name

AT&T Wireless

Amount

(\$)

\$2,000.00

Payee address; City; State; Zip Code

P.O. Box 8212
Aurora, IL 60572

Purpose of payment (See instructions regarding type of information required.)

Reimburse Michael Moore for cell phone expense.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/07/03

Payee name

United Healthcare

Amount

(\$)

\$200.00

Payee address; City; State; Zip Code

P.O. Box 41738
Philadelphia, PA 19101

Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for health insurance.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/18/03

Payee name

Sam's Club

Amount

(\$)

\$146.50

Payee address; City; State; Zip Code

5310 South Rice Avenue
Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Sharon Haley for drinks for volunteers.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/12/03	5 Payee name Mockingbird Bistro 6 Payee address; City; State; Zip Code 185 Welch Street Houston, TX 77019	7 Amount (\$) \$108.39
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Jane Ely for food for lunch meeting.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/14/03	Payee name Greg's Catering Company Payee address; City; State; Zip Code 17549 Imperial Valley Drive Houston, TX 77060	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Greg Baldwin for event food.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/06/03	Payee name Doubletree Hotel Payee address; City; State; Zip Code 2001 Post Oak Blvd. Houston, TX 77056	Amount (\$) \$13,000.00
Purpose of payment (See instructions regarding type of information required.) Reimburse Elena Marks for Election Night event cost.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/03/03	Payee name Diamond Shamrock Payee address; City; State; Zip Code 5325 Glenmont Houston, TX 77081	Amount (\$) \$8.79
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/03

5 Payee name

Diamond Shamrock

7

Amount

(\$)

\$20.00

6 Payee address; City; State; Zip Code

5325 Glenmont

Houston, TX 77081

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/01/03

Payee name

Diamond Shamrock

Amount

(\$)

\$14.01

Payee address; City; State; Zip Code

5325 Glenmont

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/30/03

Payee name

Diamond Shamrock

Amount

(\$)

\$4.62

Payee address; City; State; Zip Code

5325 Glenmont

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/25/03

Payee name

Diamond Shamrock

Amount

(\$)

\$4.00

Payee address; City; State; Zip Code

5325 Glenmont

Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/01/03

5 Payee name

Diamond Shamrock

7

Amount

(\$)

\$20.06

6 Payee address; City; State; Zip Code

5325 Glenmont

Houston, TX 77081

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/06/03

Payee name

Homestead Village

Amount

(\$)

\$317.93

Payee address; City; State; Zip Code

2300 W. Loop, S.

Houston, TX 77027

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – lodging.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/27/03

Payee name

Homestead Village

Amount

(\$)

\$375.43

Payee address; City; State; Zip Code

2300 W. Loop, S.

Houston, TX 77027

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – lodging.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/29/03

Payee name

Papa John's Pizza

Amount

(\$)

\$193.22

Payee address; City; State; Zip Code

7939 Katy Freeway

Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense – food.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/11/03	5 Payee name Randall's 6 Payee address; City; State; Zip Code 5161 San Felipe Houston, TX 77056	7 Amount (\$) \$186.36
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense – food.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 10/30/03	Payee name Sam's Club Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	Amount (\$) \$15.68
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/03/03	Payee name Sam's Club Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	Amount (\$) \$441.88
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
Date 11/01/03	Payee name Sam's Club Payee address; City; State; Zip Code 5310 South Rice Avenue Houston, TX 77081	Amount (\$) \$17.23
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

10/30/03

5 Payee name

Sam's Club

7 Amount

(\$)

\$15.68

6 Payee address; City; State; Zip Code5310 South Rice Avenue
Houston, TX 77081**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/11/03

Payee name

Sam's Club

Amount

(\$)

\$189.55

Payee address; City; State; Zip Code

5310 South Rice Avenue
Houston, TX 77081

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/30/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/25/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11/03

5 Payee name

Shell

7

Amount

(\$)

\$20.00

6 Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense –
gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/11/03

Payee name

Shell

Amount

(\$)

\$23.23

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense –
gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/23/03

Payee name

James Coney Island

Amount

(\$)

\$276.70

Payee address; City; State; Zip Code

718 N. Loop, E.
Houston, TX 77009

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense –
food.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/22/03

Payee name

CiCi's Pizza

Amount

(\$)

\$70.02

Payee address; City; State; Zip Code

814 76th Street
Houston, TX 77012

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense –
food.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/08/03

5 Payee name

Kinko's

7 Amount

(\$)

\$40.92

6 Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/21/03

Payee name

Kinko's

Amount

(\$)

\$13.62

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/25/03

Payee name

Kinko's

Amount

(\$)

\$49.25

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/20/03

Payee name

Kinko's

Amount

(\$)

\$54.00

Payee address; City; State; Zip Code

2200 Southwest Freeway
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/22/03

5 Payee name

Kinko's

7 Amount

(\$)

\$106.19

6 Payee address; City; State; Zip Code2200 Southwest Freeway
Houston, TX 77098**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for copies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/24/03

Payee name

Radio Shack

Amount

(\$)

\$43.87

Payee address; City; State; Zip Code

1461 Wirt Road
Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/24/03

Payee name

Radio Shack

Amount

(\$)

\$25.07

Payee address; City; State; Zip Code

1461 Wirt Road
Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/22/03

Payee name

Sam's Club

Amount

(\$)

\$61.31

Payee address; City; State; Zip Code

12300 Southwest Freeway
Stafford, TX 77477

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/15/03

5 Payee name

Shell

7 Amount

(\$)

\$14.19

6 Payee address; City; State; Zip Code8602 Memorial Drive
Houston, TX 77024**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/14/03

Payee name

Shell

Amount

(\$)

\$6.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/06/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/14/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/21/03

5 Payee name

Shell

7 Amount

(\$)

\$20.00

6 Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/26/03

Payee name

Shell

Amount

(\$)

\$20.00

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/15/03

Payee name

Shell

Amount

(\$)

\$1.29

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/15/03

Payee name

Shell

Amount

(\$)

\$11.29

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/25/03

5 Payee name

Shell

7 Amount

(\$)

\$10.00

6 Payee address; City; State; Zip Code8602 Memorial Drive
Houston, TX 77024**8** Purpose of payment (See instructions regarding type of information required.)Reimburse Christian Archer for field expense -
gas.**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/21/03

Payee name

Shell

Amount

(\$)

\$34.82

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense -
gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/19/03

Payee name

Shell

Amount

(\$)

\$20.01

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense -
gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/20/03

Payee name

Shell

Amount

(\$)

\$70.84

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense -
gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES				SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule F: 22	
2 FILER NAME William H. White				3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/19/03	5 Payee name Shell			7 Amount (\$) \$19.00	
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024					
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.			9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 11/23/03	Payee name Shell			Amount (\$) \$10.03	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024					
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 11/26/03	Payee name Shell			Amount (\$) \$5.00	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024					
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
Date 11/23/03	Payee name Shell			Amount (\$) \$10.00	
Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024					
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.			** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/23/03

5 Payee name

Shell

7 Amount

(\$)

\$1.25

6 Payee address; City; State; Zip Code8602 Memorial Drive
Houston, TX 77024**8** Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/19/03

Payee name

Shell

Amount

(\$)

\$11.19

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/26/03

Payee name

Shell

Amount

(\$)

\$34.82

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/26/03

Payee name

Shell

Amount

(\$)

\$70.84

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christian Archer for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 22	
2 FILER NAME William H. White		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/03	5 Payee name Shell	7 Amount (\$) \$15.61	
6 Payee address; City; State; Zip Code 8602 Memorial Drive Houston, TX 77024			
8 Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - gas.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/15/03	Payee name Wal-Mart	Amount (\$) \$179.37	
Payee address; City; State; Zip Code 2727 Dunvale Houston, TX 77063			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/06/03	Payee name Homestead Village	Amount (\$) \$317.93	
Payee address; City; State; Zip Code 2300 W. Loop, S. Houston, TX 77027			
Purpose of payment (See instructions regarding type of information required.) Reimburse Christian Archer for field expense - lodging.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
Date 11/26/03	Payee name Robin Broussard	Amount (\$) \$800.00	
Payee address; City; State; Zip Code 2715 Hadsamore Hollow Lane Houston, TX 77014			
Purpose of payment (See instructions regarding type of information required.) Food for meeting.		** Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/30/03

5 Payee name

Loretta Lane

7 Amount

(\$)

\$132.00

6 Payee address; City; State; Zip Code

P.O. Box 1539

Kingwood, TX 77347

8 Purpose of payment (See instructions regarding type of information required.)

Payroll.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/26/03

Payee name

University of Houston

Amount

(\$)

\$60.00

Payee address; City; State; Zip Code

Dept. of Campus Recreation, 4500 University Drive
Houston, TX 77204

Purpose of payment (See instructions regarding type of information required.)

Room rental expense.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/07/03

Payee name

Avalon Stationery & Gifts

Amount

(\$)

\$985.62

Payee address; City; State; Zip Code

2604 Westheimer
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea White for campaign stationery.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/24/03

Payee name

Avalon Stationery & Gifts

Amount

(\$)

\$985.62

Payee address; City; State; Zip Code

2604 Westheimer
Houston, TX 77098

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea White for campaign stationery.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/10/03

5 Payee name

Baker Hughes

7 Amount

(\$)

\$200.00

6 Payee address; City; State; Zip Code

P.O. Box 4740

Houston, TX 77010

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Louis Van Vleck for health insurance.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/03/03

Payee name

Verizon Wireless

Amount

(\$)

\$71.05

Payee address; City; State; Zip Code

P.O. Box 11328

St. Petersburg, FL 33733

Purpose of payment (See instructions regarding type of information required.)

Reimburse Amanda Chavez for cell phone expense.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/19/03

Payee name

Sprint PCS

Amount

(\$)

\$121.73

Payee address; City; State; Zip Code

2001 Edmund Halley Drive

Reston, VA 20191

Purpose of payment (See instructions regarding type of information required.)

Reimburse Christina Cabral for cell phone expense.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/07/03

Payee name

Cingular Wireless

Amount

(\$)

\$505.19

Payee address; City; State; Zip Code

P.O. Box 650574

Dallas, TX 75265

Purpose of payment (See instructions regarding type of information required.)

Reimburse Herb Mitchell for cell phone expense.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/07/03

5 Payee name

United Healthcare

7 Amount

(\$)

\$200.00

6 Payee address; City; State; Zip Code

P.O. Box 59048

Minneapolis, MN 55459

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Susybelle Zook for health insurance.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

10/25/03

Payee name

Domino's Pizza

Amount

(\$)

\$242.38

Payee address; City; State; Zip Code

1421 Wirt Road

Houston, TX 77055

Purpose of payment (See instructions regarding type of information required.)

Reimburse Mustafa Tameez for food for staff.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/23/03

Payee name

Texas Art Supply

Amount

(\$)

\$24.96

Payee address; City; State; Zip Code

2237 S. Voss

Houston, TX 77057

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/21/03

Payee name

Texas Art Supply

Amount

(\$)

\$38.97

Payee address; City; State; Zip Code

2001 Montrose Blvd.

Houston, TX 77006

Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

22

2 FILER NAME

William H. White

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/24/03

5 Payee name

Balloon & Novelty Wholesalers

7 Amount

(\$)

\$94.88

6 Payee address; City; State; Zip Code

2307 West Alabama Street
Houston, TX 77098

8 Purpose of payment (See instructions regarding type of information required.)

Reimburse Andrea Greer for election party supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

11/23/03

Payee name

Shell

Amount
(\$)

\$20.04

Payee address; City; State; Zip Code

8602 Memorial Drive
Houston, TX 77024

Purpose of payment (See instructions regarding type of information required.)

Reimburse Amanda Chavez for field expense - gas.

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Office holder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED